



APPLICATION FOR SITE DEVELOPMENT PLAN APPROVAL

Concept Date: _____ Preliminary Date: _____ Final Date: _____
(check appropriate box)

Name of proposed development: _____

APPLICANT:

Name: _____

Address: _____

Telephone No.: _____

Fax No.: _____

PLANS PREPARED BY:

Name: _____

Address: _____

Telephone No.: _____

Fax No.: _____

OWNER (if different)

Name: _____

Address: _____

Telephone No.: _____

Fax No.: _____

If more than one owner, provide
information for each

Ownership intentions -i.e. purchase options:

Location of site: _____

Tax map description: Section _____ Block _____ Lot _____

Current zoning classification _____

State and Federal permits needed (list type and appropriate department):

Proposed use(s) of site _____

Total site area (square feet or acres): _____

Anticipated construction time: _____

Will development be staged? _____

FEE: \$ _____
12 sets of plans
12 sets of applications
8 sets to MC with referral
Note: Plans and application
to be collated in sets



Current land use of site (agriculture, commercial, undeveloped, etc.):

Current condition of site (buildings, brush, etc.):

Character of surrounding lands (suburban, agriculture, wetlands, etc.):

Estimated cost of proposed improvement: \$_____

Anticipated increase in number of residents, shoppers, employees, etc. (as applicable):

Describe proposed use, including primary and secondary uses; ground floor area; height; and number of stories for each building.

- For residential buildings include number of dwelling units by size (efficiency, one-bedroom, two-bedroom, three or more bedrooms) and number of parking spaces to be provided.
- For nonresidential buildings include total floor area and total sales area; number of automobile and truck parking spaces.
- Other proposed structures.

(Use separate sheet if needed)

NOTE: This application is tentative. If upon review your application and plans submitted do not comply with the requirements set forth in the Town of Gates Zoning Ordinance, you will not be placed on the agenda.

THE TOWN OF GATES HAS A FIRE SPRINKLER SYSTEM LAW IN EFFECT. PLEASE CHECK WITH THE FIRE MARSHAL OR BUILDING INSPECTOR TO BE SURE THIS PROJECT IS IN COMPLIANCE.



Supervisor
Mark W. Assini

Director of Public Works
Joe Amico

Town Clerk
Cosmo Giunta

Town of Gates

1605 Buffalo Road
Rochester, NY 14624
Phone (585) 247-6100
Fax (585) 426-8581



Town Council

☆☆☆☆

Lee A. Cordero
David R. Dicaro
Christopher B. DiPonzio
Steve Tucciarello

To Whom it may Concern:

The attached checklist must be completed and filed with each application.

If any item does not apply, please note that it is not applicable and the reasons therefore.

Without a complete set of Documents as required, your Application may not be placed on the Planning Board Agenda.

Applicant must submit plans with referral form to Monroe County Department of Planning and Development.



SUBDIVISION OF LAND
CHAPTER 36-A

TECHNICAL CHECK LIST

SKETCH LAYOUT 36A-26

Completed

- _____ 1. Environmental Assessment Review Form required with application
- _____ 2. Name of proposal, Name and Address of Subdivider(s), and written statement of Subdivider's intent and letter of disclosure
- _____ 3. North point, graphic scale, date and general location map
- _____ 4. Staging and overall sketch
- _____ 5. Contours at 5 foot intervals and within 100 feet of site, and all topographic features to be retained or removed
- _____ 6. Water supply and sewage disposal methods
- _____ 7. Approximate lines of proposed streets, lots and other features of the site
- _____ 8. Schematic indication of the storm water drainage system
- _____ 9. Indication of Zoning and any other restrictions
- _____ 10. Names of owners of adjacent land or names of adjacent subdivisions
- _____ 11. Schematic map showing location of proposed subdivision in relationship to features within one half (½) mile of site
- _____ 12. Proposal's relationship to comprehensive plan
- _____ 13. Overall soil conditions on site and it's location with respect to a floodway or floodplain
- _____ 14. List all applicable, dimensional requirements per existing zoning. (setbacks, area, lot dimensions, required parking, open space, buffers, etc.)



TECHNICAL CHECK LIST -page 2

PRELIMINARY LAYOUT 36A-27

If subdivider is someone other than the Owner, an affidavit by the Owner of the land consenting to the Application and proof of ownership shall be submitted at this time.

Check

____ 1. Item numbers 2 through 14 of Sketch Layout, plus boundaries of the site plotted to scale. Standard scale of not more than 50 feet to 1 inch

____ 2. A system of storm water drainage using the following design levels:

(a) Basin of 20 square miles: one-hundred-year frequencies

(b) Basin of 4 to 20 square miles: fifty year frequencies

(c) Basin of 4 square miles: twenty-five year frequencies

(d) Subdivision's drainage: ten year frequencies

____ 3. Streets adjoining the tract and tie distance to nearest major street intersection

____ 4. Existing drains, sewers, water lines nearby and their sizes, elevations gradients and easements

____ 5. Water supply and sewage disposal methods; a statement as to who will own the water and sewer system, a conceptual layout of each system; whether necessary districts are formed or are in process, the receiving sewage treatment plant, the lines, dimensions and purpose of all utility easements, including fire hydrants; and preliminary design of bridges and culverts. Also, where water mains are not looped, blow-off valves shall be provided

____ 6. A soil overlay showing soil classification on site and problem areas; flooding, erosion, etc.

____ 7. Drainage report including storm sewer sizing calculations

____ 8. The lines and gradients of proposed streets and sidewalks and the names of proposed streets

____ 9. A grading plan of the site at a contour interval of 2 feet showing locations of cuts and fills and cross section for any final grading steeper than 3 feet horizontal to 1 foot vertical or where the cut or fill will be more than 5 feet

____ 10. The approximate lines of proposed lots, the acreage or square footage contained in each lot and individual lot numbering. If a lot contains one or more existing buildings, the proposed yard dimensions shall be indicated

____ 11. Approximate location of park areas or other open space



TECHNICAL CHECKLIST – Page 3

PRELIMINARY LAYOUT 36A-27 continued

- ____ 12. Location of any municipal boundaries, service district lines, zoning boundaries in the site
- ____ 13. Indication of non-conforming lots, yards and areas
- ____ 14. Location of any hazardous materials
- ____ 15. Location and quality of water bodies affected by the site
- ____ 16. Local, County, State and Federal Environmental Impact Statement
- ____ 17. Buffer locations and location of other proposed vegetation
- ____ 18. Location and type of any lighting or signs
- ____ 19. Method of Fire Protection
- ____ 20. Storm water pollution prevention plan (SWPPP) in accordance with NYSDEC requirements
- ____ 21. Profiles of proposed streets and utilities at suitable vertical scale, showing finished grades in relation to existing ground



TECHNICAL CHECK LIST – Page 4

FINAL SUBDIVISION PLAN 36A-28

Completed

A. Construction Sheet (Scale 1" =50')

- ____ 1. Item numbers 1 and 2 of Preliminary Layout
- ____ 2. Lines of existing and proposed streets, sidewalks adjoining and within the subdivision
- ____ 3. Names of existing and proposed streets
- ____ 4. Typical cross sections of proposed streets
- ____ 5. Profiles of proposed streets at suitable vertical scale showing finished grades in relation to existing ground elevation
- ____ 6. Layout of proposed lots, including lot numbers
- ____ 7. Location and size of existing and proposed sewers (storm or sanitary), water mains and pipes in the property or into which any connection is proposed
- ____ 8. Provisions for water supply and sewage disposal, and Monroe County Health Department approval - where required
- ____ 9. Locations of survey monuments. Before dedication, a certificate by a licensed land surveyor must be filed certifying that the monuments have been placed where indicated on the map. (Monuments must be in conformance with the Monroe County Monumentation Law as administered by the Monroe County Department of Public Works).
- ____ 10. Plan and typical cross sections of proposed roads and sidewalks
- ____ 11. Development plan, including landscaping, for any proposed park or playground
- ____ 12. Planting plan for street trees where required
- ____ 13. Brief specifications or reference to Town Standards for all facilities to be constructed or installed within the subdivision
- ____ 14. Certification by a licensed professional engineer and/or licensed architect and licensed land Surveyor
- ____ 15. Details of structures



TECHNICAL CHECK LIST – Page 5

Final Subdivision Plat

B. Subdivision Plat Record Map (Scale 1" =50')

- ____ 1. Item numbers 2 and 3 of Sketch Layout
- ____ 2. Boundaries of the subdivision; a legal description of the entire parcel of property, the location in relation to surrounding property and streets including the names of adjacent owners and subdivisions. The subdivision boundary shall be referenced from two directions to establish United States Coast and Geodetic Survey Monuments or New York State Plane Coordinate Monuments.
- ____ 3. Names and lines of existing and proposed streets and sidewalks
- ____ 4. Lines and purposes of existing and proposed easements
- ____ 5. Lines, dimensions and areas in square feet of all property that is proposed to be reserved by deed covenant for the common use of the property owners of the subdivision
- ____ 6. Location of Monuments
- ____ 7. Location of existing and proposed water supply lines and sewers
- ____ 8. Locations of any municipal and zoning boundary lines
- ____ 9. Written statements as to:
 - (a) Zoning of the property
 - (b) Compliance of the proposed lots with zoning requirements
- ____ 10. Seal and certification by licensed professional engineer or a licensed land surveyor
- ____ 11. To facilitate the filing of the subdivision or re-subdivision maps with the County of Monroe, the following are required:
 - (a) If there are any new streets, the "Application for Approval of Plat" shall be submitted
 - (b) A tax search shall be made as required by the Monroe County Treasurer's Office
 - (c) Three black and white prints of the tracing
 - (d) The filing fee of five dollars (\$5) payable to the Monroe County Clerk
 - (e) A statement that all other necessary County and State Departments have been contacted

C. Subdivision Plat Drainage Report

- ____ 1. Plan, profiles and typical and special cross sections of proposed storm water drainage facilities
- ____ 2. Final design data and copies of computations used for drainage facilities
- ____ 3. Grading Plan



____ 4. Erosion report, if required

____ 5. If the subdivision is within or adjacent to the one-hundred year frequency floodplain of Little Black Creek, a detailed analysis of the area with respect to floodplain management land use, shall be included in the Subdivision Plat Drainage Report

____ 8. What is the depth to the water table? ____ Feet

____ 9. Do hunting or fishing opportunities presently exist in the project area? ____ Yes ____ No

____ 10. Does project site contain any species of plant or animal life that is identified as threatened or endangered? ____ Yes ____ No, according to - identify each species _____

____ 11. Are there any unique or unusual land forms on the project site? i.e. cliffs, dunes, other geological formations? ____ Yes ____ No. (Describe _____)

____ 12. Is the project site presently used by the community or neighborhood as an open space or recreation area? ____ Yes ____ No

____ 13. Does the present site offer or include scenic views or vistas known to be important to the community? ____ Yes ____ No

____ 14. Streams within or contiguous to project area:

a. Name of stream and name of river to which it is tributary _____

____ 15. Lakes, Ponds, Wetland areas within or contiguous to project area:

a. Name _____

b. Size (in acres) _____

____ 16. What is the dominant land use and zoning classification within a 1/4 mile radius of the project (i.e. single family residential, R-1) and the scale of development (i.e. 2 story)?



B. PROJECT DESCRIPTION

1. Physical dimensions and scale of project (fill in dimensions as appropriate)
 - a. Total contiguous acreage owned by project sponsor acres
 - b. Project acreage developed: acres initially; acres ultimately
 - c. Project acreage to remain undeveloped
 - d. Length of project, in miles: (if appropriate)
 - e. If project is an expansion of existing, indicate percent of expansion proposed: building square footage _____ developed acreage _____
 - f. Number of off-street parking spaces existing _____ proposed _____
 - g. Maximum vehicular trips generated per hour (upon completion of project)
 - h. If residential: Number and type of housing units:
One Family Two Family Multiple Family Condominium
Initial _____ Ultimate _____
 - i. If: Orientation
Neighborhood-City-Regional Estimated Employment:
Commercial _____
Industrial _____
 - j. Total height of tallest proposed structure feet.
2. How much natural material (i.e. rock, earth, etc.) will be removed from the site?
_____ tons _____ cubic yards
3. How many acres of vegetation (trees, shrubs, ground covers) will be removed from site?
_____ Acres
4. Will any mature forest (over 100 years old) or other locally-important vegetation be removed by this project? _____ Yes _____ No
5. Are there any plans for re-vegetation to replace that removed during construction?
_____ Yes _____ No
6. If single phase project: Anticipated period of construction months, (including demolition)
7. If multi-phased project:
 - a. Total number of phases anticipated _____
 - b. Anticipated date of phase 1 commencement _____ month _____ year
(including demolition)
 - c. Approximate completion date final phase _____ month _____ year
 - d. Is phase 1 financially dependent on subsequent phases? _____ Yes _____ No
8. Will blasting occur during construction? _____ Yes _____ No
9. Number of jobs generated: during construction _____; after project is complete _____
10. Number of jobs eliminated by this project _____
11. Will project require relocation of any projects or facilities? Yes No. If yes, explain:

12. Liquid Waste:
 - a. Is surface or subsurface liquid waste disposal involved? _____ Yes _____ No
 - b. If yes, indicate type of waste (sewage, industrial, etc.) _____



- c. If surface disposal, name of stream into which effluent will be discharged _____

13. Will surface area of existing lakes, ponds, streams, bays or other surface waterways be increased or decreased by proposal? ____ Yes ____ No
14. Is project or any portion of project located in the 100 year flood plain? ____ Yes ____ No
15. Solid Waste Disposal:
- a. Does project involve disposal of solid waste? ____ Yes ____ No
 - b. If yes, will an existing solid waste disposal facility be used? ____ Yes ____ No
 - c. If yes, give name: _____ location: _____
 - d. Will any wastes not go into a sewage disposal system or into a sanitary landfill? ____ Yes ____ No
16. Will project use herbicides or pesticides? ____ Yes ____ No
17. Will project routinely produce odors (more than one hour per day)? ____ Yes ____ No
18. Will project produce operating noise exceeding the local ambient noise levels? ____ Yes ____ No
19. Will project result in an increase in energy use? Yes No. If yes, indicate type(s) _____
20. If water supply is from wells indicate pumping capacity gals/minute
21. Total anticipated water usage per day gals/day
22. Zoning:
- a. What is dominant zoning classification of site? _____
 - b. Current specific zoning classification of site _____
 - c. Is proposed use consistent with present zoning? _____
 - d. If no, indicate desired zoning. _____



23. Approvals:

- a. Is any Federal permit required? _____ Yes _____ No
- b. Does project involve State or Federal finding or financing? _____ Yes _____ No
- c. Local and Regional approvals:

	Approval Required? Yes/No	Type of Approval	Submittal Date	Approval Date
Town Board	_____	_____	_____	_____
Town Planning Board	_____	_____	_____	_____
Town Zoning Board	_____	_____	_____	_____
County Health Department	_____	_____	_____	_____
Other Local Agencies	_____	_____	_____	_____
State Agencies	_____	_____	_____	_____
Federal Agencies	_____	_____	_____	_____

C. INFORMATIONAL DETAILS

Attach any additional information as may be needed to clarify your project. If there are or may be any adverse impacts associated with the proposal, please discuss such impacts and the measures which can be taken to mitigate or avoid them.

PREPARER' S SIGNATURE _____

TITLE: _____

REPRESENTING: _____

DATE: _____



Attachment A

ENVIRONMENTAL REVIEW CHECKLIST FOR PROPOSED DEVELOPMENTS

ON OR IMMEDIATELY ADJACENT TO WASTE DISPOSAL SITES

- I. Site History
 - A. Boundary of waste disposal site
 - B. Type of site
 1. open dump
 2. permitted landfill
 3. lagoon
 4. other
 - C. Method of Disposal
 1. Surface
 2. Trench
 3. injection well
 4. barrels/containers
 5. other
 - D. Site contents
 1. Municipal
 2. construction/demolition
 3. industrial
 4. tree/brush
 5. agricultural/nursery debris
 6. sludge from sewage treatment plant
 7. fly ash from power generator
 8. other
 - E. Volume of waste
 - F. Depth of waste
 - G. Period of operation
 - H. Generator(s) of waste
 - I. Site owner(s) during period of operation
 - J. Current site owner(s)
 - K. Land use prior to waste disposal
 1. wetland
 2. extraction
 3. steep slope
 4. other
 - L. Subsurface conditions prior to waste disposal
 - M. Site permits; regulatory agency; date(s) of permit; permit conditions
 - N. Control methods to limit access, if any
 - O. Site closure plans



- P. Nearby water wells
- Q. Present condition of land (i.e., type of vegetation, signs of waste)
- II. Construction Plans
 - A. Description of construction activity to occur in the waste disposal site area including buildings, foundations, installations of utilities, etc.
 - B. Details regarding any special construction techniques required due to work within the waste disposal area
 - C. Results of existing test holes or borings within the waste disposal area including information on depth of waste and depth to groundwater and bedrock and groundwater flow direction
 - D. Existing water sampling test results for EPA priority pollutants for groundwater and leachate seeps
 - E. Need for special safety procedures for worker protection and how these will be provided
- III. Evaluation
 - A. The impact of the waste disposal site on the proposed development
 - B. If a private water well is to be the source of drinking water, the potential impact of the waste site on the water quality
 - C. Impact of drainage facilities on generation of leachate from the waste disposal site
 - D. Summary of current land use on site including visible signs of waste, mounding, and/or evidence of vegetation stress

The developer should first consult with the Monroe County Environmental Management Council for existing information on the waste disposal site. The Landfill Review Committee will review the information submitted and may request additional test holes, water samples, or other data prior to making final recommendations for site development.



SEQR

617.21
Appendix F
State Environmental Quality Review
NEGATIVE DECLARATION
Notice of Determination of Non-Significance

Project Number _____ Date _____

This notice is issued pursuant to Part 617 of the implementing regulations pertaining to Article B (State Environmental Quality Review Act) of the Environmental Conservation Law.

The _____, as lead agency, has determined that the proposed action described below will not have a significant effect on the environment and a Draft Environmental impact Statement will not be prepared.

Name of Action:

SEQR STATUS: Type I
Unlisted

Conditioned Negative Declaration: Yes
 No

Description of Action:

Location: (Include street address and the name of the municipality/county. A location map of appropriate scale is also recommended.)



SEQR Negative Declaration

Page 2

Reasons Supporting This Determination: (See 617.6 (g) for requirements-of this-determination; see 617.6(h) for Conditioned Negative Declaration)

If conditioned Negative Declaration, provide on attachment the specific mitigation measures imposed.

For Further Information:

Contact Person:

Address:

Telephone Number:

For Type 1 Action and Conditioned Negative Declarations, a Copy of this Notice Sent to:

Commissioner, Department of Environmental Conservation, 50 Wolf Road, Albany, NY 12233-0001
Appropriate Regional Office of the Department of Environmental Conservation Office of the Chief
Executive Officer of the political subdivision in which the action will be principally located.

Applicant (if any)

Other involved agencies (if any)



APPENDIX A
EAF
ENVIRONMENTAL ASSESSMENT – PART 1
Project Information

NOTICE: This document is designed to assist in determining whether the action proposed may have a significant effect on the environment. Please complete the entire Data Sheet. Answers to these questions will be considered as part of the application for approval and may be subject to further verification and public review. Provide any additional information you believe will be needed to complete PARTS 2 AND 3.

It is expected that completion of the EAF will be dependent on information currently available and will not involve new studies, research or investigation. If information requiring such additional work is unavailable, so indicate and specify each instance.

NAME OF PROJECT

NAME AND ADDRESS OF OWNER (IF DIFFERENT)

NAME AND ADDRESS OF APPLICANT:

Phone Number: _____

FAX Number: _____

Email address: _____

(PLEASE COMPLETE EACH QUESTION -Indicate NA if not applicable)

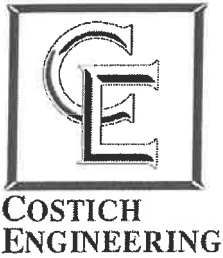
A. SITE DESCRIPTION

(Physical setting of overall project, both developed and undeveloped areas)

1. General character of the land: Generally uniform slope _____ Generally uneven and rolling or irregular _____
2. Present land use: Urban _____ Industrial _____ Commercial _____ Suburban _____ Rural _____
Forest _____ Agriculture _____ Other _____
3. Total acreage of project area: _____ Acres
Approximate acreage:

Presently ----- After Completion	Presently ----- After Completion
Meadow or Brush land _____ Acres _____	Water Surface Area _____ Acres _____
Forested _____ Acres _____	Unvegetated (Rock, Earth, or fill) _____ Acres _____
Agricultural _____ Acres _____	Roads, Buildings, & Other paved surfaces _____ Acres _____
Wetland (Per Art. 24, 25 or FCL) _____ Acres _____	Other _____ Acres _____

4. What is predominant soil type(s) on project site?
5. Bedrock:
 - a. Are there bedrock outcroppings on project site? _____ Yes _____ No
 - b. What is depth to bedrock? _____ (in feet)
6. Approximate percentage of proposed project site with slopes: 0-10% _____ 10%-15% _____ 15% or greater _____
7. Is project contiguous to, or contain a building or site listed on the National Register of Historic Places?
_____ Yes _____ No



STANDARDS FOR STORMWATER FACILITIES AS-BUILT DRAWINGS

The Town of Gates requires each developer constructing stormwater sewers and facilities for their projects to provide as-built mapping upon completion and installation. The as-builts are needed to show that the stormwater sewers and facilities were constructed in substantial conformance with the approved design. As-builts are required for both privately owned and dedicated facilities.

Drawing requirements:

- As-built drawings to be drawn at the same scale as the approved plans showing the original design elements (locations and elevations) as well as the as-built locations and elevations.
- For storm sewer main lines, provide location, invert elevations, lengths, size and material as constructed.
- For stormwater management facilities (pond) provide locations, top of bank elevations along entire perimeter of pond, emergency spillway elevation, elevations of all critical components of the outlet structure (i.e. top of grate low flow orifice, outlet pipe, etc. A detail of the outlet structure is to be shown on the as-built drawing.
- All as-built drawings must be signed by the project engineer or a licensed surveyor.
- As-builts to be submitted to the Town Engineer for review and approval prior to release of funds from the letter of credit for items related to the stormwater facilities.



**MONROE COUNTY
DEPARTMENT OF PLANNING AND DEVELOPMENT**

DEVELOPMENT REFERRAL FORM

SUBMITTAL CHECKLIST *(please check all that apply; see www.monroecounty.gov for forms & more information.)*

- Referral form completed in full, clearly printed or typed, signed by municipal representative.
- 5 copies of plan sets folded to 8 1/2"x11" with title block showing, including overall site plan showing phased development; or 5 copies of text amendment or new local law.
- If there is a wetland or protected stream on the property include extra copy of plan set (making a total of 6 sets).
- All information obtained by the municipality pertaining to this application (letter from agent, environmental assessment forms, agricultural data statement, etc.) is attached.
- Airport Referral Form (for projects subject to MCDP&D review under Section 239-m of the New York State (NYS) General Municipal Law (GML) and Section C5-4A of the County Charter).

Owner/Applicant

Agent

Name:	_____	_____
Business:	_____	_____
Address:	_____	_____
City, State, Zip:	_____	_____
Telephone No.:	_____	_____
Fax No.:	_____	_____
E-mail Address:	_____	_____

PROJECT INFORMATION

Project Name: _____

Project Description: _____

Project Address: _____

Nearest Major Intersection and Direction: _____

Tax Account Number: _____

Previous MCDP&D Review Referral No.: _____

Type of Development *(Check all that apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Industrial | <input type="checkbox"/> Vacant Land |
| <input type="checkbox"/> Commercial, Non-Retail | <input type="checkbox"/> Public Services | <input type="checkbox"/> Wild, Forested, Conservation Lands & Public Parks |
| <input type="checkbox"/> Commercial, Retail | <input type="checkbox"/> Recreation & Entertainment | <input type="checkbox"/> Other (explain) _____ |
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Residential | |
- Will this development include affordable housing? Yes No

Project Size

Number of phases for overall project: _____	Phase number for this submittal: _____
Proposed Gross Floor Area: _____	Total Acreage: _____ Phase Acreage: _____
Maximum Structure/Equipment Height: _____	Number of Lots: _____ Number of Units: _____

Permits: Will this project require any permits from the following agencies?

- | | | |
|--|--|---|
| <input type="checkbox"/> Army Corp of Engineers | <input type="checkbox"/> MC Dept. of Health | <input type="checkbox"/> MC Dept. of Transportation |
| <input type="checkbox"/> NYS Dept. of Environmental Conservation | <input type="checkbox"/> NYS Dept. of Transportation | <input type="checkbox"/> Other (explain): _____ |

Site Information

Known environmental factors on site: _____

Will this project disturb more than one acre of land? Yes No

Will this project disturb more than five acres of land? Yes No

MCDP&D Use Only

Airport	COMIDA	NYS DEC	Date Received: _____	Referral Number: _____
Army Corp.	Econ Develop.	NYS DOT	Post Mark Date: _____	Reviewer: _____
Canal Corp.	Empire Zone	Parks	Land Use Code: _____	DRC Due Date: _____
Community Dev.	Enviro. Services	Public Safety	Notes: _____	

- LOCAL MATTER
- AIRPORT APPROVAL

TYPE OF REFERRAL (please check all appropriate boxes)

Planning/Zoning Referral (subject to review under Section 239-m of the NYS General Municipal Law)

Comprehensive Plan (adoption or amendment)

Amendment to Zoning Ordinance or Local Law (submit original text showing amendments)

Chapter Title and Number in Local Law: _____

New Local Law (submit text)

New Local Law Name and Number: _____

Rezoning of Parcel(s) (If this rezoning includes subdivision of land, please check Subdivision box below)

From: _____

To: _____

Special Permit

For: _____

Conditional Use Permit: For: _____

Use Variance(s): Intended use of the property: _____

Other Variance(s) - check all that apply:

Area

Density

Height

Lot

Setback

Sign

Other _____

Site Plan, please check:

Concept

Preliminary

Final

Addition Only

Subdivision Referral: (subject to review under 239-n of the NYS GML & C5-2 of the County Charter)

Airport Referral (attach airport referral form)

MUNICIPAL INFORMATION

Municipality: _____

Referring Board:

Planning

Zoning

Town/Village Board

Date of Board Hearing: _____

Preferred Municipal Due Date: _____

Please discuss any special concerns the municipality has with this application:

Note: According to State Law, Monroe County is allowed 30 days to respond to this application.

CERTIFICATION

With the following signature I certify that this application provides a complete description of the proposed local action and is a complete application pursuant to NYS General Municipal Law Article 12b, Section 239-m,1(c).

Referring Official Signature: 

Print Name: KURT RAPPAZZO

Title: DIRECTOR OF PUBLIC WORKS

Phone No.: 247-6100

Fax No.: 426-8581

E-mail: Krappazzo@townofgetes.org

SUBMITTAL INSTRUCTIONS

Referrals are reviewed by MCDP&D and the Monroe County Development Review Committee weekly. Applications must be received by 12:00 p.m. Monday. Any submittals received after 12:00 p.m. Monday will be distributed to the DRC the following week. Incomplete applications will be held for ten business days after which time they will be returned to municipality.

Direct all submittals and questions to: Monroe County Department of Planning and Development, Planning Division, CityPlace, 50 West Main Street, Suite 8100, Rochester, New York 14614-1225, Phone (585) 753-2000, Fax (585) 753-2028.